

Foster Family Home - Corrective Action Report

Provider ID: 1-160082

Home Name: May Bernal, NA

503 Kulia Street

Wahiawa

HI 96786

Review ID: 1-160082-4

Reviewer: David Ayling

Begin Date: 10/18/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification.
Corrective Action Report issued during home inspection with all items due to CTA by 11/18/19.


Foster Family Home Personnel and Staffing


[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR and First Aid certification expired on 9/3/18 for CG #1. Renewed on 9/17/18.


Compliance Manager


Primary Care Giver

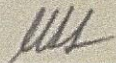
10/18/19
Date

10/18/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: May B. Bernal
CCFFH Address: 503 Kulia St. Wahiawa, HI. 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	I showed CTA a current CPR & First Aid certification on the day of my recertification.	10/18/19	I placed a list of the expiration dates for all items in my CCFFH binder for all caregivers and I will look at it monthly.

Primary Caregiver's Signature: 

Print Name: May B. Bernal

Date of Signature: 11/7/19